

Application for Mail Collection

Business name:

Billing address:

Eircode :

Contact name:

Title:

Telephone:

Email:

Collection address:

Type	Estimated daily volume	Preferred Collection Time	Please tick appropriate box	Payment method used	Please tick appropriate box(es)
Letters		Pre 4pm	☐	Stamped & Meter Only	☐
Packets		Post 4pm	☐	Ceadunas Mail Only	☐
Parcels				Stamped, Meter and Ceadunas Mail	☐

Please tick the appropriate box above indicating the time period which best meets your business needs.

Please note that in order to monitor the effectiveness of our collections service customers availing of a collections service are required to have a small sign with an An Post barcode installed at the point where your mail will normally be collected.

*Two signatures required in respect of a company

Signature 1:

Date:

Print name

Signature 2:

Date:

Print name

Fee: €3,000.00 per annum (fee is applied on a pro rata basis)

Please return this application form to: Annual Fee Billing Unit, An Post, Area 2D, G.P.O., Dublin 1 D01 F5P2

Further information: Contact your Key Account Manager or visit anpost.com

For office use only:

Account Number:

Operations:

Date of Commencement of Collection:	
Estimated Collection Time:	
Latest time of Posting:	
Alternative acceptance points/LTOP:	
Sign Off:	

**an
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